

## DEPARTMENT OF JUSTICE DIVISION OF GAMBLING CONTROL

(916) 263-3408

(916) 263-3403 facsimile

## **KEY EMPLOYEE REPORT**

Submitted pursuant to California Code of Regulations, Title 11, Division 3, Chapter 1, section 2060 (Type or print clearly in ink.)

Name of Gambling Establishment:

	who is, or who has been since the f as defined in Business and Profess			ation or supervision of the gambling sary.
Employee Name	Social Security Number	Job Title	Description of job de	uties, responsibilities and authority.
	Signat	ure of Owner Licensee/ Desig	nated Agent Date	
		Print Name/	 Title	<u> </u>